

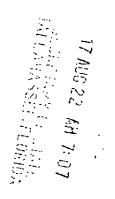
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: William H. Dillow DO, PLLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William H. Dillow D.C.
William H. Dillon DO PLLC.
8524 ENCLAVE COURT
SARASETA FL 34238 City/State and Zip Code WHD6:27 & GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William H. Dillow D. D. at (941) 4-00-0787 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S55.00 Filing Fee}} \sum_{\text{S60.00 Filing Fee}} \sum_{\text{Certificate of Status}} \sum_{\text{S60.00 Filing Fee}} \text{Certificate of Status & } Cert
(additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

William H. Dillon I	O PLLC,	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17006</u> 64372	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8824 ENCLAVE SARASOTA FL	COURT 34238
B. If amending the registered agent and/or registered office address here:	ce address on our records, ento	er the name of the new
Name of New Registered Agent:		17
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		107

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	William H. Dillow DE	7 SS:24 ENCLAVE COU SARAGETA FL 34238	Add Add
			□ Remove
			Change
		3030 N. ROCKY POINT D.R. I TAMPA FL 33607	uest ste, 176
		TAMPA FL 33607	Remove
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Filing Fee: \$25.00